

# Health Education for Job Corps Enrollees

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ADOLESCENTS FROM POOR FAMILIES are especially at risk for misconceptions about many health matters. They have little opportunity to learn from their families or through interaction with a personal physician. Their families' primary concerns are often employment and housing, and they generally go to emergency rooms or clinics for health care.

A nationwide survey of teenagers concerning sexual information and behavior pointed up the extent of misinformation among them (1). About three-fifths of the respondents believed that a girl could become pregnant as soon as she started to menstruate, and nearly half believed that the period of greatest risk for sexual intercourse resulting in pregnancy was right before, during, or right after menstruation. Of the respondents whose families had incomes of \$15,000 or more a year, 50 percent correctly named the time of greatest fertility; only 27 percent of those from families with incomes under \$3,000 answered this question correctly.

Although health education in some form is included in the curriculums of most secondary schools, only a limited number of schools offer courses that answer the questions most often asked by youth or provide helpful information in a context most likely to lead to acceptance and internalization. In many locales, politics have prevented the inclusion of course material on issues of vital importance to adolescents—drug use and abuse, contraception, sexual feelings, and sexual practices. Moreover, health education is still frequently taught by persons more qualified and more interested in other subjects.

When sensitive topics are included in the curriculum, they may be presented with moralistic overtones and facts stretched to drive home points of particular interest to the teacher. Such presentations may be entirely irrelevant for some students. For example, some students who are preached to about avoiding sex may have more active sex lives than their teachers, and what they really need is help in deciding the kind of contraceptive to use. Students are still often told that all drugs, including marijuana, can cause permanent body damage, even with one time or occasional use. Many

students can contradict such statements from their own experience; therefore, they can give little credence to any subsequent statements about drugs by teachers.

Teacher bias or pressure from parents or school administrators may preclude open discussions of many health problems—especially aspects of human sexuality—and discourage students from contributing personal, family, and cultural experiences that are relevant to the topic being considered. The orientation of teachers is often to present preselected academic material in lecture form rather than to be a resource person who allows free discussion on issues of concern to the class members. Another problem with formalized health education is that the syllabuses and textbooks are usually written for the white middle-class student. This kind of curriculum is unrealistic for poor and minority students who have different realities, backgrounds, and perceptions of illness and health care.

To mold healthful personal behavior successfully, health education must be designed from the perspective of the young adult and presented in a manner that is conducive to open discussions. Curriculum planners must recognize that students bring preconceptions to the class and that they come from diverse ethnic, cultural, and economic groups. Each group and subgroup has certain biases and conceptions of what health is, how it can be preserved, and what are appropriate reactions to health problems.

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If preexisting beliefs are challenged or belittled, there is little chance for acceptance of alternative views. For example, some American Indians believe that illness is retribution for past sins, not simply a medical problem that can be cured with drugs or surgery. Insistence by health professionals that medicine can cure a particular health problem may undermine their credibility. More likely to lead to acceptance of medical therapy would be a health professional's statement that an Indian ceremony performed to learn what caused the patient's illness would certainly help, but that medicine would help to alleviate particular symptoms. Since a psychic contribution to organic disease is well recognized, the need for a ceremony to help the ill person identify and repent for past transgressions is not necessarily inconsistent with current understanding of health and disease. If health education teachers are fully cognizant of their students' views, they can present new information in a manner that will ease its integration into the students' already established framework of beliefs.

### **The Job Corps Program**

The Job Corps provides vocational training, remedial basic education, health care, and other supportive services annually to 45,000–50,000 economically disadvantaged youth at 65 residential centers across the nation. Enrollees, ages 16–21, average about 6 months in the program; all are required to participate in health education classes. Recently, a new health education program (2) was developed by the Job Corps working with a minority contractor, who has considerable experience in health education and has employed a number of former enrollees. Designed for young adults from poverty-level families of minority groups, the program uses the following approaches:

—Teaching is primarily oral and visual, based on the knowledge that corps members are more accustomed to communicating orally and aurally than through the written word. It is also based on a low-average entry reading level—about grade 5.

—The enrollees' participation in decisions about course content is an integral part of the program. When the program was being planned, enrollees and ex-enrollees were asked which health-related matters were of most concern to them. Each health education class is asked to decide the order in which the various topics are to be covered, and the instructor is encouraged to modify the material presented in the program manual to improve responsiveness to the desires and concerns of the class.

—The classes are primarily in the form of group discussions, with minimal lecturing by the instructor. The instructor functions predominantly as a resource person and a facilitator, asking questions to provoke thought and surfacing issues when appropriate. Stu-

dents are encouraged to ask any questions, no matter how sensitive.

—Each instructor is encouraged to approach his class as a learning experience. Because an instructor is not always familiar with the health views of all the cultures from which the enrollees come, he can learn much by encouraging the students to clarify their views and to give examples from their personal experiences.

—Instructors are urged to use the same health-related slang terms used by the students for better communication with them.

Many gaps can exist between instructor and student—cultural, generational, educational, and credibility. Most enrollees are school dropouts who have experienced unsatisfying relationships with teachers and have become skeptical about the health “facts” they were presented. Most dropped out because they found formal education irrelevant to their everyday lives and aspirations. Therefore, they enter the Job Corps prejudiced against any classroom situation.

Generational gaps are unavoidable, but not necessarily barriers to effective communication. When teachers show genuine respect for the student's views, this respect is usually reciprocated. On the other hand, if a teacher claims to know “the truth” because of his age and experience, he may engender distrust and even open rebellion.

The hardest gap to bridge is frequently that separating different cultures. The Job Corps has been only partially successful in recruiting health education teachers with cultural and economic backgrounds similar to those of the enrollees. Some white middle-class teachers find it difficult to feel the health concerns and priorities of, for example, black youth who grew up “in the streets” of a major urban area or of an American Indian who has only recently left his reservation. Since each center usually has enrollees from several minority groups, even a minority instructor will have a cultural gap with respect to some of his students.

To address the culture gap, the Job Corps provides background supplements to the instructors' manual. For example, the supplement entitled “American Indians—Their Special Medical Needs” describes life on a typical reservation, indicates some psychological problems that can occur when Indians leave the reservation and enter the “mainstream,” and summarizes the concepts of health and illness shared by many (but not all) tribes. It points out that many Indian health beliefs that were previously viewed as primitive are receiving careful scrutiny as clues to the cause and treatment of disease. It also suggests some Indian beliefs that can be links to health education and cultural factors that may impede acceptance of new health perspectives. Finally, the supplement highlights many of the health problems for which Indians are at higher risk than the general population; for example, tuberculosis, infant diarrhea, alcoholism, and suicide.

Although these supplements may provide stereotyped pictures of the various ethnic groups and may apply poorly to the members of the groups in a particular health education course, they can generally help instructors to understand how to reach their students and why students ask some questions which may seem strange or off the point.

### Program Modules

The health education program consists of 24 sessions (50 to 60 minutes each) that break down into 10 modules. For each module, the instructor receives teaching aids—most of which were devised specially for the Job Corps program—a lesson plan that describes the major points to be brought up during the class, and a list of suggested approaches to help enrollees bring these out for discussion. (Although, ideally, instructors should have specific background training in health education material and teaching methods, the aid materials were prepared so that they can also be used by teachers with other backgrounds.) Each teaching module covers one discrete subject area, with the exception that two modules are devoted to reproduction. Most of the modules take one or two class sessions. Each class has 16 to a maximum of 20 students, a size which allows active participation by all class members.

**Recognition of and response to high health risk.** The thrust of the first, or introductory, module, "The Importance of Health Maintenance for High Health Risk Young Men and Woman," is that enrollees generally are at greater risk for many diseases and for early death. U.S. vital statistics are displayed to illustrate this risk by showing, for example, that a 20-year-old black American's chances of dying before age 30 are more than twice as great as those of a comparable white American. Vital statistics data are also used to underline the increased risk of infant and maternal birth-associated deaths for nonwhites compared to whites. After they have seen this information, the enrollees are asked to discuss why minority groups—including poverty-level whites—have on the average generally poorer health and die earlier than the rest of the nation and what can be done about this.

Through discussion, it is hoped that enrollees will come to see that individual persons can do much to promote their health and minimize their risks. For example, if a person learns that he is part of a group at high risk for tuberculosis, he can decide to reduce his risk of contracting the disease by frequent skin testing and learning the usual symptoms of the disease so that he can seek early treatment. An adolescent girl who is at high risk for complications should she become pregnant can decide to delay childbearing. Young women can reduce their risk of developing advanced cervical cancer by having yearly Papanicolaou tests. Each ethnic and racial group should be aware of problems which appear more commonly in their group on

a genetic basis. For example, blacks should be aware of sickle cell anemia, hypertension, and G6PD deficiency, Jews of Tay Sach's disease, whites of cystic fibrosis, Greeks and Italians of thalassemia, and so on.

**Dental health.** A special study of the attitudes of Job Corps enrollees toward dental care revealed general awareness of the causes of dental decay and of the oft-reiterated axiom that brushing teeth according to a prescribed method can help prevent cavities (3). However, few enrollees are using dental prophylaxis when they enter Jobs Corps. The average entering enrollee has seven carious teeth and two missing teeth (4). Despite access to and encouragement to take advantage of free high-quality dental care at Job Corps centers, only a fraction of enrollees ask for routine restorative care. Based on this information, it is clear that simply reinforcing the traditional axiom that self-care and professional care reduce dental morbidity will not be effective. The Jobs Corps program emphasizes that healthy teeth and gums are important for enjoying food, making friends, and getting a job. A person can't eat a steak, an apple, or peanuts if many of his or her teeth are missing. Broken, decayed, missing, or dirty teeth and associated bad breath can detract from personal appearance, make it harder to make friends (especially of the opposite sex), reduce the chances of getting a job, and in some cases even make it more difficult to speak distinctly.

To underscore some of these points, the instructor asks the students how their favorite entertainers would look with half or all of their teeth missing, and how well people they know who have lost most of their teeth are able to speak. Since many enrollees harbor the misconception that the loss of teeth cannot be prevented, a major emphasis of the module is therefore to indicate that each person can substantially reduce his or her dental problems by using routine self-care techniques, seeking regular prophylaxis from a dentist, and having restorative work performed as soon as it is indicated.

Each student is given a toothbrush, toothpaste, dental floss, a mouth mirror, and disclosing wafers—at a total cost of about \$1 per set—and instructed in their use by means of a large model. The process of dental decay is briefly explained and the kinds of foods which contribute most to plaque formation are listed.

**Obtaining health care.** The need for this module derives from the health care experience of poor urban and rural adolescents, most of whom come from communities which lack adequate health care. Many have never been in a dentist's chair, and a good percentage have never seen a private physician. Most are already making their own decisions when to seek health care but are not always seeking it at the best time or from the most appropriate source. The goals of this two-session module are therefore to make the enrollee aware that

he makes his own health decisions, to broaden his knowledge of alternatives for health care, to let him know how to find the most appropriate form of health care, and to make him aware of health care aid programs (Medicare, Medicaid, and the like).

Class members are initially asked to describe the illness of a friend or family member, what he did about it, and what happened to him as a result. It becomes clear that in each instance the patient made a number of health decisions, and the students see that they are already making many of their own health decisions. The advantages and disadvantages of each alternative a sick person has are discussed, including self-care, use of patent medicines, care from faith healer, private physician, free clinic, hospital clinic, or emergency ward. The advantages and disadvantages of seeking care at different stages of a perceived health problem are also discussed.

The second session centers on the obstacles to obtaining and using health care services such as unsatisfactory previous experiences; lack of knowledge; economic, transportation, and cultural barriers; and on ways to minimize these obstacles. The instructor is asked to stress that health care is a right and that every patient is entitled to ask questions of health professionals until the patient fully understands what is wrong with him, what it means in terms of his everyday life and longevity, what the possible complications are, if any, and what effects and side effects treatment can have.

The class, with assistance when necessary, enumerates the various broad-specialty areas of health and the type of physician who is concerned with each. Most enrollees are unaware of these specialty areas and at the outset usually perceive any physician as capable of providing all necessary care in areas as diverse as obstetrics, pediatrics, and cardiac surgery. Most enrollees are not aware of important differences between the background and capabilities of, for example, a psychiatrist and psychologist, an optometrist and ophthalmologist, or an MD and a chiropractor. Understanding which types of professionals can be most helpful in certain situations will lead young adults to develop more realistic expectations and to improve their decision making regarding when and where to seek care from a health professional.

**Drugs.** A recent national drug survey by the Job Corps that covered drug knowledge, attitudes, and use revealed that many disadvantaged young people, including drug users, have limited factual knowledge about the nature and effects of common illicit drugs (5). For example, few knew the life-threatening nature of barbiturate withdrawal, the addiction potential of alcohol, the danger of overdose of barbiturates, and the concept of potentiation between commonly used drugs such as alcohol and barbiturates.

The three sessions in this module on drugs cover

(a) concepts of drug misuse, including an exploration of why so many drugs are being used and why young people use and misuse drugs, and the meaning of some commonly used terms such as addiction, withdrawal, tolerance, and adulterants, (b) information about tobacco, alcohol, marijuana, hallucinogens, stimulants, barbiturates, opiates, and inhalants, including what each drug consists of, how it is used, its effects, why it is used or misused, its potential dangers, how to recognize persons who use it, and what to do in case of overdose, and (c) how drugs can interfere with class members' lives and possibly prevent them from attaining self-defined goals. When this last issue is discussed, the fact usually surfaces that the enrollees—as primarily minority group members who are also from poor families—have difficulty getting the training and employment they want. Drug abuse, because it frequently becomes at least a partial substitute for productive expression and reduces concentration on training or work, further reduces their chances of finding satisfactory employment.

The instructors' manual suggests sensitive approaches to providing accurate drug information while at the same time not stimulating curiosity among the uninitiated to experiment. The manual stresses the importance of giving accurate information about the dangers of drugs. Exaggeration of these dangers may be in direct conflict with the students' own experiences and may destroy the instructor's credibility. Also emphasized is the need for absolute confidentiality concerning all information volunteered in class. It is only by engendering a feeling of trust that the instructor can help students share their knowledge and experiences so that misconceptions can be identified and corrected.

**Nutrition.** In the nutrition module, emphasis is placed on the many kinds of diets that can provide the calories, protein, vitamins, and minerals for normal growth and healthy living. Although people have different diets based on their cultural backgrounds, financial resources, and personal tastes, it is possible to select foods from among those in any person's diet that will provide all the necessary ingredients for maintaining health. It is pointed out that many inexpensive foods are very nutritious. Another objective for this module is to help students realize the risks incurred in not obtaining proper nutrition during certain important periods of life, such as childhood, pregnancy, illness, and while nursing a baby.

**First aid and family health problems.** The first aim of this two-session module is to enable the enrollees to recognize their need for knowledge about first aid by getting them to talk about their experiences. Discussion brings out that accidents are the leading cause of death. Ghetto dwellers explore their high risk of serious injury based on exposure to violent crimes, living in dilapidated housing, and playing in city streets. En-

rollees from rural areas discuss the frequency of shootings and drownings in their home areas. Because both inner-city and rural areas have poor access to high-quality emergency care, knowledge of basic first-aid principles is doubly important. Enrollees also discuss their exposure to significant occupational hazards by virtue of their job interests and training; for example, operating heavy equipment, welding, or carpentry.

After the enrollees explore their risk of accidents, they become more personally interested in learning first aid as a skill that can save a life or prevent permanent injury. (Although only mouth-to-mouth resuscitation and closed-heart massage are taught routinely as part of this module, additional sessions can be added when there is sufficient interest.) The Red Cross Multimedia Standard First Aid Course, geared to an eighth grade reading level (also available in Spanish) is used in this module.

In the second session of the first-aid module, the potential dangers of some home remedies are explored. Then, in more didactic fashion, the instructor presents information on how to deal with some of the special health problems of babies and children, such as fever (includes showing how to read a thermometer), convulsions, diarrhea, vomiting, and difficulty in breathing. He also explains accident prevention measures for children.

**Emotional health.** Designed to help enrollees understand their emotional strengths and refine their ability to cope with stressful situations, the "Emotional First Aid" module's basic theme is that how well an individual handles basic emotional reactions such as happiness, sorrow, fear, anger, love, and hate will largely determine how well he can cope with the ups and downs of life and adjust to the increasing complexity and competitiveness of modern society. Most enrollees have already had to cope with poverty, prejudice, unemployment, lack of adequate training, urban crowding and moving from one area to another, a violent environment, and pressures to use illicit drugs and to use quick methods to make money. To have survived these stresses for between 16 and 22 years indicates inherent strengths. The instructor attempts to reinforce constructive ways of dealing with emotions and points out that understanding of self and of how one handles his emotions is a necessary prerequisite to understanding the feelings and behavior of others. Class discussion centers on exploring the different ways enrollees feel like acting—being alone, running away, taking drugs—in response to unpleasant experiences or feelings, and the short- and long-run advantages of such possible actions. The students, with the support of the instructor, usually decide that the most productive way to cope with negative feelings is to talk about them with a trusted person. Class members then discuss, using their own experiences, obstacles to understanding others and ways in which these can be overcome.

**Sexuality.** If adolescents of any background are asked to list the health education questions they are most anxious to have answered, questions related to sexuality usually head the list. Job Corps experience is consistent with a number of surveys showing that adolescents have much misinformation about normal sexual development, reproductive physiology, venereal disease, child-bearing risks, and some sex behavior. Because of this abundance of misinformation regarding sexuality and the need for correct information and to help minimize health risks and make informed important individual decisions about personal behaviors and lifestyles, different aspects of sexuality are included in four modules: "Reproduction Part One" (two sessions), "Reproduction Part Two" (three sessions), "Love, Sex and the Family" (four sessions), and "Venereal Disease" (two sessions).

"Reproduction Part One" begins with class discussion about the freedom to decide whether or when to reproduce. This is followed by a thorough description of the reproductive organs and their functions illustrated by posters, models, and a film. Through class discussion, supplemented by information from the Social Economic Statistics Administration, it is established that enrollees come from groups at high risk for death or disability to the fetus, to the mother during childbirth, and to the infant.

Discussion also centers on how pregnancy and childbirth affect the mother, the father, and the rest of the family, as well as the responsibilities of parenthood. Family planning is discussed as a way to increase the chances for survival of high-risk mothers and children and to have children when the parents are committed to discharging the full responsibilities of parenthood. The class enumerates and discusses the various methods of contraception, and the instructor fills in gaps in the students' knowledge and displays the contraceptive devices as they are brought up. The class explores the advantages and disadvantages, both scientifically and psychologically, of each method.

In "Reproduction Part Two," the reproduction information presented in the two earlier sessions is reviewed to insure that the students have grasped all key concepts. The review is followed by a 19-minute, animated color film, "Have a Healthy Baby," which details the important stages of growth of the human embryo from conception to birth. It also stresses the complexity of the development process, ways by which development can be disturbed, and the importance of good nutrition and health habits. The class then discusses ways to improve the chance of a pregnancy resulting in a healthy baby, including adequate nutrition, spacing of pregnancies, and regular prenatal checkups. Another short film, "A Baby is Born," focuses on the normal process of labor and delivery. The concept of heredity is explained in a Job Corps 33-minute color film, "Sickle Cell Anemia and Sickle Cell Trait," supple-

mented by the Job Corps brochure of the same title. The module ends with a class discussion of parents' responsibilities to their children and to each other.

The "Love, Sex and the Family" module introduces the topic of human sexuality and explores how a person's sexuality relates to his concepts of love and the family. It is hoped that through open discussion of each of these aspects of life and their interrelationships, enrollees will be helped in making responsible life decisions, taking into account their own particular needs for love and sexual fulfillment and their religious and cultural backgrounds, while being sensitive to the needs of others. In the first session, the class discusses love as an emotion, including different love feelings, different expressions of love, other emotions which can interfere with the expression of love, and the responsibilities implicit in this expression. The next two class periods are devoted to a discussion of sexual feelings and the ways to achieve fulfillment from early infancy through adulthood, drawing as much as possible on the observations and personal experiences of the class members.

A special effort is made to permit enrollees to air their knowledge of and attitude toward sexual behaviors. Common misconceptions about sexual behavior, such as "masturbation is unhealthy," frequently surface; the instructor provides information to dispel these mistaken notions. The following are some points the instructor is asked to clarify or emphasize during the discussion:

Strong sexual feelings, dreams, and fantasies are natural during adolescence.

Strong desires for sexual activity are natural during adolescence. Sexual experimentation is natural.

Masturbation is a harmless way to relieve sexual tension.

Homosexual experimentation during adolescence is not unusual and does not mean that the person is or will become exclusively homosexual.

Sexual desire and expression are natural throughout life.

Responsibility for the results of one's sexual activity is a necessary part of sexual understanding and maturity. Some of the responsibilities of a sexual relationship are protection from pregnancy, if not wanted; protection from venereal disease; concern for the physical and emotional results of sexual activity for oneself and one's partner; and honesty and trust.

In the sensitive arena of sexuality, it is especially important that instructors recognize the complexity of the subject and the different attitudes and behaviors of people toward it. The teacher's role is primarily to encourage examination of alternatives in an atmosphere of respect for all viewpoints.

Two sessions are devoted to venereal disease. First, a 30-minute color film is shown which accurately describes the symptoms, means of transmission, and consequences of untreated syphilis and gonorrhea. Enrollees are then asked to answer questions based on the film and their previous knowledge of venereal disease. During the second session, after a review of the signs and

symptoms of syphilis and gonorrhea, the complications which result from untreated venereal disease are presented by the instructor using latex models of the male and female reproductive systems. Finally, the students are asked key questions which require synthesis of this material, such as: How can a person protect him or herself against venereal disease? When and where can one seek treatment? How many times can a person contract venereal disease? How old does a person have to be (in own State) to seek treatment without parental consent? What are the pros and cons of naming VD contacts?

### **Applications of the Job Corps Program**

The Jobs Corps health education program was developed specifically for young adults from minority and economically disadvantaged backgrounds. Thus, it can be used in a number of settings where health education is provided to young adults of similar backgrounds, especially in secondary schools, hospitals, clinics, churches, and correctional institutions. Job Corps experience has shown that when health education programs are designed from the perspective of the intended students, student participation and interest increase significantly. However, because of the relatively short time (an average of 6 months) an enrollee is in the Jobs Corps and the difficulty and expense of followup and evaluating the health status and habits of a large number of enrollees, a statistically valid evaluation of the program has not been performed. Therefore, the extent to which increased enrollee interest is translated into behavioral patterns remains conjecture.

Although the Job Corps health education program has not been offered to white middle-class students, its general approach and subject matter—with modifications to account for the background, orientation, and behavior of the particular class—probably could be effective for that group.

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